



# HANDOUTS

## Long-Term Care System Task Force

September 16, 2004

---

**Iowa Department of Public Health's Connection With the Long-Term Care System in Iowa  
Provided by Dept. of Public Health**

### **DISCLAIMER**

The Iowa General Assembly is not responsible for the content of the handouts, nor is any endorsement made of the handouts. These handouts are documents provided to the committee by other parties at meetings and are placed on the General Assembly website as a convenience.

**Iowa Department of Public Health's  
Connection With the Long-Term Care System in Iowa  
September 2, 2004**

Continuum of Services

Public Health's contribution to long-term living and healthy aging is truly a population-based continuum of services. One of the goals of this continuum is to generate a progressive course in which populations of the community encounter systems that promote healthy aging that leads to an overall healthier community. Supported by the Iowa Department of Public Health, local boards of health and local communities assess and assure the access to resources that promote health and wellness in a community by identifying specific needs of target populations unique to that community.

Healthy Children

Aging begins at birth. Thus, the continuum for promoting healthy aging by public health also begins with the youngest population: children. The IDPH has an essential role in supporting activities that promote healthy growth and development of children. Many of the department's programs such as immunizations, nutritional education such as "Pick a Better Snack" and WIC, dental health programs, tobacco prevention programs, and primary- / -preventative screenings and health care all contribute towards the successful aging and development into a healthy adult.

Healthy Adults

As this continuum continues into adulthood, the department provides services that focus on maintaining health for as long as possible and early prevention and detection of chronic disease. Local public health entities are instrumental in promoting healthy communities with campaigns aimed at reducing the risk of cardiovascular disease or tobacco use. Screenings for acute disease such as high blood pressure or elevated cholesterol, exercise programs and walking paths, nutritional education sessions including weight reduction, adult immunizations, and substance abuse prevention program are strategies utilized by public health providers and community partners in creating a healthy community.

Healthy Seniors

Finally, as adults advance in years, they become frailer and are encumbered with chronic disease. It becomes necessary for communities to provide personal health services and home maintenance programs that will allow the older adult to remain at home for as long as possible. Again public health is instrumental in assisting older adults to access personal health and home maintenance services. Through direct service provision or through care coordination, public health identifies health care concerns impacting the older adult and targets interventions to achieve the goal of promoting a healthier aging process. Preventative services such as flu vaccine administration, fall prevention programs, home safety evaluations, and foot care clinics aid the older adult in optimal living. Skilled nursing home visits assist in preventing, delaying, or reducing

inappropriate institutionalization. Home Care Aide and Homemaker services, respite care, and chore services assist the frail elderly to maintain good personal hygiene and activities of daily living as well as maintain a safe, clean environment within their home. Protective services stabilize a family's home environment to prevent abuse or neglect of the older adult.

### Conclusion

Although policymakers often focus on the short-term needs of the long-term care system, the role of public health's model of a continuum of services should not be overlooked in its contribution to long-term living and healthy aging. Investment in promoting healthy aging now may reduce the need for and financial burden on the long-term care system in the future. Collaborative efforts between local and state public health entities provide a strong foundation in which communities are able to build upon this process in creating healthy communities as a way of life.

**Iowa Department of Public Health  
Long-Term Living Program Summary  
SFY 2004 Program Descriptions and Funding Streams  
September 16, 2004  
Director Mary Mincer Hansen**

**Funding Stream Definition Key**

Third-Party Payer Dollars = Medicare, Medicaid, Private Insurance, Veteran's Administration

Federal Dollars = CDC, HRSA, Federal Grant Opportunities,

State Dollars = Iowa Dept. of Public Health, State Grants Opportunities, Other State Departments

Local Dollars = County Contribution, Private Business, Hospital Contribution, Local Grant Opportunities, Private Pay / Fee-for- Service, Donations, Charitable Organizations,

Screening and Assessment: Funded by State (\$197,341.56) and Local dollars.

Activities include assessment and screening tests for individuals who may be at risk or may have asymptomatic conditions. These activities focus primarily on the "well" populations. Early detection of health related conditions promote the participant to initiate preventative measures or seek medical follow-up. Examples of screenings for older adults include hearing, fitness, cancer, vision, cholesterol, blood pressure, diabetes, and TB.

Fall Prevention Programs: Funded by State (Included in Screening dollars above) and Local dollars.

Assessment of homes of the elderly for risks and hazards for falls that may cause injury and implementation of corrective measures such as grab bars, shower and tub railings, non-skid steps, and railings for entryways. Programming also includes educational opportunities for the public to learn how to modify home environments to reduce the risk of falls.

Home and Safety Inventories: Funded by State (\$17,071.57) and Local dollars

Assessment of homes of the elderly for risks and hazards that may impact their ability to live safely at home while preventing injury. These hazards can be identified as those agents (chemical, biological, physical, or psychosocial), which affect the health of the older adult. Examples of corrective measures can include water testing, installation of smoke detectors and night-lights, evaluation of home appliance operation, removal of household debris that can ignite a fire, and evaluation of furnaces.

Case Management Care Coordination: Funded by State (\$85, 264.77) and Local dollars.

Assessment of the client's needs for services, development of a care plan, written assignment of home care aide duties, supervision of assigned staff, review of staff documentation of care performed, appropriate referrals, participation in case management meetings to coordinate care among other providers, and appropriate reassessment activities.

Public Health Nursing: Funded by Third-party Payers, State (\$2,222,096.35), and Local dollars.

Personal health care and population based service which prevent /delay/or reduce inappropriate institutionalization, prevent illness, and promote health and wellness in a community. Services include skilled nursing home visits, health promotion and preventative clinics, injury prevention services, and visits by health care professionals to support the health and stability of families. Services assist older adults to remain in their own home and reduce the cost of medical expense associated with Long Term Care.

Home Care Aide: Funded by Third-party payers, State (\$6,824,565.05), and Local dollars.

Personal care and supportive services that assist frail elderly and disabled individuals to maintain good personal hygiene and activities of daily living thus allowing them to remain safely in their own home.

Homemaker Services: Funded by State (Included in Home Care Aide dollars above) and Local dollars.

(Limited third-party reimbursement may be available under some long-term care insurance policies.)

Services that assist in maintaining a safe, clean environment as well as assist in activities of daily living. Services include housekeeping, laundry, grocery shopping, errands, meal preparation, and transportation.

Respite Care: Funded by State (Included in Home Care Aide dollars above) and Local dollars

Providers care for an individual so that the primary caretaker can have a break from the rigors of care taking.

Chore Services: Funded by State (Included in Home Care Aide dollars above) and Local dollars.

Services provided to individuals or families who due to incapacity or illness are unable to perform certain larger home maintenance tasks. The services include but not limited to yard work, window and door maintenance, minor repairs to walls, floors, railings, and handles, and deep cleaning duties such as moving heavy furniture, painting, removing fire hazards, and extensive wall washing.

Foot Care: Funded by State (\$72, 856.88) and Local dollars

Activities promote the health and wellness through assessment of feet, cleansing, and nail trimming. Health education regarding proper footwear and care of feet is incorporated in client care. Target populations are the elderly and disabled who are no longer able to complete this task independently.

Transportation: Funded by State (\$8204.65) and Local dollars

Provides transportation services for older adults to medical appointments when public transportation or other options are not available or appropriate.

Senior Prescription Drug Plan: Funded by Federal HRSA dollars

Provides contract management, budget oversight, and policy advice to the Iowa Priority Prescription Drug Corporation, a not-for-profit entity established by federal law to assist Medicare Eligible Iowans purchase prescription drugs at a discount.

Iowa Arthritis Program: Funded by Federal CDC dollars (approximately \$143,407.00)

Reduces the impact of arthritis and improve the quality of life of Iowans affected by arthritis through education, trainings, facilitating the Iowa Arthritis Task Force, conducting community Arthritis Self-Help Courses, providing technical assistance for those conducting programming for people with arthritis, and expanding existing programs by working with the Arthritis Foundation and other partners.

Other Programs: Funded by Federal, State, and Local dollars.

The Iowa Department of Public Health has 58 additional programs in which the primary target is another population cohort; however, older adults are identified as a secondary population that utilize these programs. Examples of programs include, Breast and Cervical Cancer Early Detection, Heart Disease & Stroke-Cardiovascular Risk Reduction Program, Diabetes Program, Communicable Disease Follow-up, Substance Abuse Prevention, Mammography, Adult Lead Program, Smoking Cessation Services, Immunizations, and Food Stamp Nutrition Program.